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Bib Data Sheet

CONFIRMATION NO. 3886

<b>SERIAL NUMBER</b> 10/029,720	<b>FILING DATE</b> 12/20/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 1/1180
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**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/256,876 12/20/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 02/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 10	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]				

**ADDRESS**  
28501

**TITLE**  
Dissociated glucocorticoid receptor antagonists for the treatment of glucocorticoid associated side effects

<b>FILING FEE RECEIVED</b> 1828	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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